

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			4/19/01
O.I.P.E. CLASSIFIER		8	5801
FORMALITY REVIEW	h	1019	05-19-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	4/14/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	
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14	
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16	
17	
18	
19	
20	✓
21	0
22	0
23	✓
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39	
40	✓
41	✓
42	
43	
44	✓
45	0
46	0
47	✓
48	
49	
50	✓

Claim	Date
Final	
Original	4/14/01
51	✓
52	
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58	✓
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60	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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